Consent for HIV Test

When you sign this consent form, you are saying you have freely chosen to have an HIV test which is the test for the Human Immunodeficiency Virus. Please write the word "yes" in the space near each part you agree with.

_____ **I have been told that the HIV test cannot tell me if I have AIDS. It can only tell me if I have HIV antibodies at the time of the test.**

_____ **I have been told that a negative test result means that the HIV virus was not found in my blood at this time and a positive test result means I have the HIV virus.**

_____ **I have been told a negative test result does not guarantee that I am free from HIV infection. If I was recently infected with the HIV virus, I may test negative for antibodies to the virus now and I may need to be tested again.**

_____ **I have been told how to prevent getting the HIV virus and how to avoid giving the virus to others.**

_____ **I have been told that my HIV test result is a confidential medical record and is protected by Montana law. Medical information can be released only with my consent; or under conditions specified by the Uniform Health Care Act (Title 50, Chapter 16, Part 6, Montana Code Annotated).**

_____ **I have been told anonymous (nameless) testing is available at several places in Montana. I can get a list of these places by calling the Montana Department of Public Health and Human Services (MDPHHS) at 1-800-233-6668. This is a free call.**

_____ **I have been told that all HIV test results are reported without names to the MDPHHS for statistical purposes.**

_____ **I have read the information pamphlet called Who Should Get an HIV Test. I have had all of my questions answered. I have been told I can get answers to any questions as they come up.**

_____**I agree to come back to this test site to receive my test results in person.**

_____ **Using the information given to me, I choose to have the HIV test. I may withdraw my consent at anytime up until blood is taken from my arm.**

I authorize _____(name and address)_____to receive and inform me of my test results.

Date _____ Patient Identifier _____